Universitat Autònoma de Barcelona

Anna Muñoz Garcia
Final Degree Project – June 2021

FACULTAT DE VETERINÀRIA

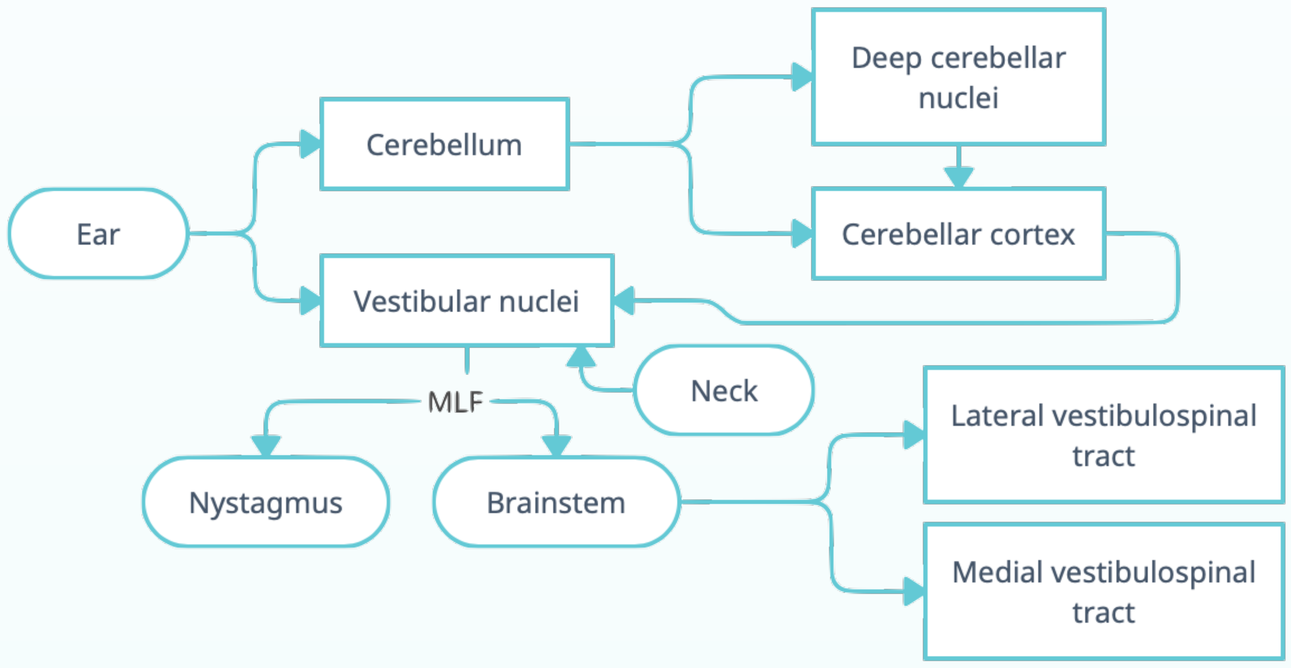
PARADOXICAL VESTIBULAR SYNDROME

OBJECTIVES

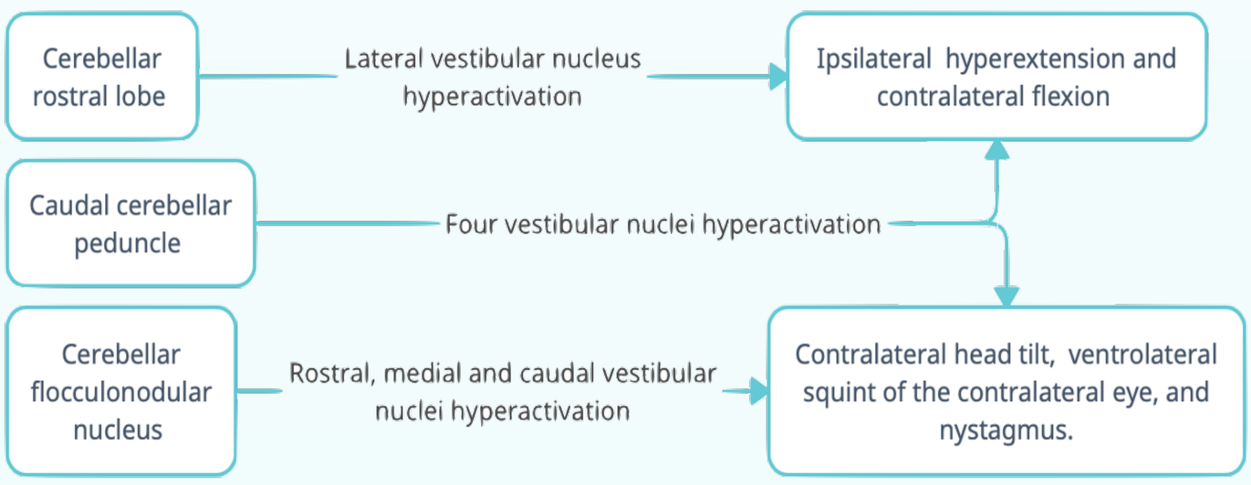
This review is intended to collect and describe the equilibrium anatomical pathways for a better comprehension and description of the vestibular syndrome and especially of the paradoxical vestibular syndrome.

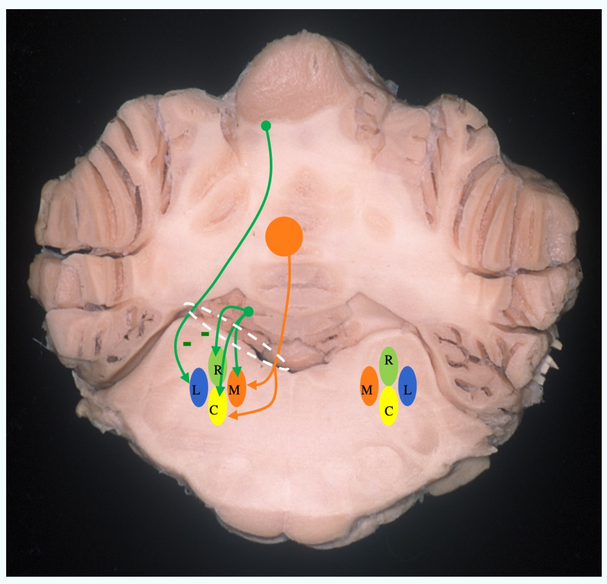
(Aige 2015)

INTRODUCTION

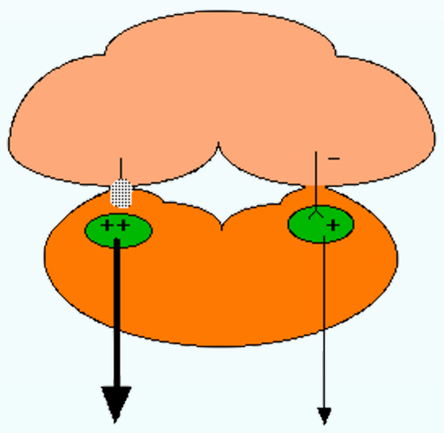


CLINICAL SIGNS





(Aige 2015)



(Aige 2015)

ETIOLOGY

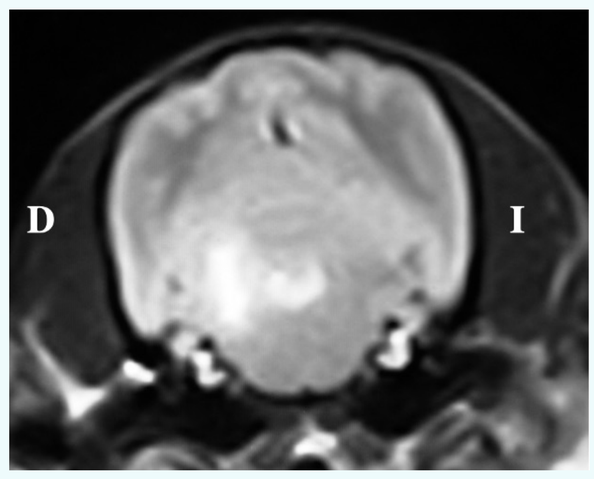
- Vascular processes
- Infectious or inflammatory disease
- Neoplasia

TREATMENT AND PRONOSTIC

Will depend on the localization and etiology of the lesion.

COMPLEMENTARY DIAGNOSTIC TEST

- Magnetic resonance
  - Sagittal/dorsal/transversally planes
  - T1/T2/FLAIR/T1+contrast



(Aige 2015)

CONCLUSIONS

- The understanding of neuroanatomical pathways involved in the maintenance of equilibrium is basic to localize the lesion.
- Dysfunctions in balance alter the spatial proprioception causing discomfort.
- Unilateral dysfunctions result in imbalance and gait alteration on the same side of the lesion.
- Bilateral disfunctions do not cause any imbalance between both sides but bring out a disturbance in the gait and equilibrium.
- In the case of unilateral dysfunction that caused by cerebellar lesions and/or its connections with the brainstem, the head tilt and loss of balance are contralateral to the side of the central lesion. This unique presentation refers to the phenomenon called paradoxical vestibular syndrome.